## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/10/2016 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445124 B. WING NAME OF PROVIDER OR SUPPLIER 11/07/2016 STREET ADDRESS, CITY, STATE, ZIP CODE GOLDEN LIVINGCENTER - BRANDYWOOD 555 E BLEDSOE GALLATIN, TN 37066 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL.) (X4) ID PRÉFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 000 INITIAL COMMENTS K 000 A Life Safety Code Federal Monitoring Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 11/07/16. During this Federal Monitoring Survey, Golden Living Center of Brandywood was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2000. The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: K 324 NFPA 101 Cooking Facilities K 324 SS=D Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: \* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 \* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, \* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

corridor.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	Torm.		FORM A
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILE	LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X3) DATE : COMPL
NAME OF	DDO!	445124	B. WING		
1	PROVIDER OR SUPPLI		1		11/07
	N LIVINGCENTER -		7,4	STREET ADDRESS, CITY, STATE, ZIP CODE 555 E BLEDSOE GALLATIN, TN 37066	-31 T
PREFIX		STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL	-ID		2 14
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	PREFI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CORRECTION (CROSS-REFERENCE)	DP es es
K 324	Continued From			1. Octob	177 744
1 6 55	1930544	page 1	K 3.	24	
- j	19.3.2.5.1 throug	h 18.3.2.5.4, 19.3.2.5.1 through TIA 12-2	3 / B	K 324	1.1
				1. No residents were found to	10
				be affected.	11 M B3 S
	This STANDARD	L		2. The facility has determined	
	Based on docum maintain the cook	is not met as evidenced by: ent review, the facility failed to		that all residents have the potential to be affected.	
	monitalii tile cook	ing facilities.		3 Averus sehe dul. L.	
- 0	The findings include	ded:		Averus scheduled to perform semi annual hood suppression	8
	N			Inspection and semi annual	- 5
	CARGIER THE ISCHE	w on 11/7/16 at 10:17 AM, y failed to provide the		hood cleaning on 11.22.2016.	e regnidalo
	documentation for	the semi annual hand	7	4. The Maintenance Director, or	2.0
;	suppression inspe	ction (last conducted a divine		designee, will complete 2017	
	NFPA 101, 19.3.2.! 11.2.1 (2011 Editio	2.3 (/UTZ Edition) MEDA on		calendar to schedule all	1
		-		required tests and cleaning. To	i
2	2. Document review	v on 11/7/16 at 10:18 AM,		ensure all cleaning and	
	a realed the lacilly	Talled to provide the		inspections occur, calendar will	
	locumentation for	The semi annual based		be reviewed monthly at Quality	Ĭ
	ICCULLUL HAST COMO	licted on 2000 Aven.		Assurance meeting until	
	dition)	lition), NFPA 96, 11.4 (2011		consistent substantial	. 1
V 1	i i	1		compliance has been met, or a	10
-1	he Maintenance D	irector and the Director of		minimum of three months.	12.1
	wally well brese	DI When the deficient		ging of the second of the seco	- 1
	and Mele	dCKDOWledged by the	3,	go vid	MA II
11	aministrator during 1/7/16.	the exit conference on		TERRICON . EXTERNOS	* *
		n System - Installation			
OU-L			K 341	Tomate the Tay or a	ð.,
F	re Alarm System -	Installation	-2 0 -4 P	2555 mil	E
A	fire alarm system i	s installed with austa-	d land		8 2
700.70	THE SHOULD ADDRESS	201 TOF TOG PHENONS :		W/W B E	100
CIC	Coluance With ME	A /O National Floats:	3	Marie Pare	1
di	WITTA /2, Nation	nal Fire Alarm Code to		A TOTAL KANAN	

- Car.

 $\operatorname{Pol}_{X_{k_1}},\ldots,$ 

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/10/2016 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 (X3) DATE SURVEY COMPLETED 445124 NAME OF PROVIDER OR SUPPLIER B. WING 11/07/2016 STREET ADDRESS, CITY, STATE, ZIP CODE GOLDEN LIVINGCENTER - BRANDYWOOD 555 E BLEDSOE GALLATIN, TN 37066 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 341 : Continued From page 2 provide effective warning of fire in any part of the K.341 K 341 building. In areas not continuously occupied, detection is installed at each fire alarm control 1. No residents were found to unit. In new occupancy, detection is also installed be affected. at notification appliance circuit power extenders, and supervising station transmitting equipment. 2. The facility has determined Fire alarm system wiring or other transmission that all residents have the paths are monitored for integrity. potential to be affected. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 3. International Fire scheduled to move smoke detector on 400 hall. This STANDARD is not met as evidenced by: 4. The Maintenance Director, or Based on observations, the facility failed to designee, will monitor smoke maintain the fire alarm system. detector locations in rounds. Rounds will The findings included: documented daily, , deficiencies will be reviewed monthly at Observation on 11/7/16 at 9:05 AM, revealed the Quality Assurance meeting until smoke detector in the 400 hall was less then 3 feet from the air diffuser. NFPA 101, 19.3.4.5.1 consistent substantial (2012 Edition), NFPA 101, 9.6.1.3 (2012 Edition), compliance has been met, or a NFPA 72, 17.7.4.1 (2009 Edition). minimum of three months. 12-15.14 The Maintenance Director and the Director of Nursing were present when the deficiencies were identified and were acknowledged by the Administrator during the exit conference on 11/7/16. NFPA 101 Fire Alarm System - Testing and K 345 Maintenance K 345 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/10/2016 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING 01 - MAIN BUILDING 01 COMPLETED 445124 NAME OF PROVIDER OR SUPPLIER B. WING 11/07/2016 STREET ADDRESS, CITY, STATE, ZIP CODE GOLDEN LIVINGCENTER - BRANDYWOOD 555 E BLEDSOE GALLATIN, TN 37066 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX. (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 345 Continued From page 3 and Signaling Code. Records of system K 345 K 345 acceptance, maintenance and testing are readily available. 1. No residents were found to 9.7.5, 9.7.7, 9:7.8, and NFPA 25 be affected. 2. The facility has determined that all residents have the potential to be affected. This STANDARD is not met as evidenced by: Based on document review, the facility failed to 3. The annual fire alarm testing maintain the fire alarm system. was completed on April 28, 2016. The findings included 4. The Maintenance Director, or Document review on 11/7/16 at 10:08 AM, designee, will schedule on 2017 revealed the facility failed to provide the annual calendar. Noncompliance will fire alarm testing documentation for 2016 (2015 be reviewed monthly at Quality inspection conducted April 2015). NFPA 101, Assurance meeting 19.3.4.5.1 (2012 Edition) NFPA 101, 9.6.1.3 consistent (2012 Edition), NFPA 72, 14.4.5 (2009 Edition). substantial compliance has been met, or a minimum of three months. 12.15.110 The Maintenance Director and the Director of Nursing were present when the deficiencies were identified and were acknowledged by the Administrator during the exit conference on 11/7/16. K 353 NFPA 101 Sprinkler System - Maintenance and SS=D Testing K 353 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily

	RE & MEDICAID SERVICES			PRINTED: 11/10/ FORM APPRO
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVE COMPLETED
NAME OF PROVIDE	445124	B. WING		
NAME OF PROVIDER OR SUPPLIE		1	STREET ADDRESS ASS	11/07/2016
OLDEN LIVINGCENTER - I	BRANDYWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 555 E BLEDSOE	Her ight it
(X4) ID SUMMARY S PREFIX (EACH DESIGNATION  OF THE PROPERTY S  OF THE	TATEMENT OF DEFICIENCIES		GALLATIN, TN 37066	K-10-1-1
TAG REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES OF THE	Party Comments of the Comments
K 353 Continued From n	A There is a second of the second		DE IOIENCT)	
available. a) Date sprinkler	system last checked	K 35	No residents were found to	12 3.
b) Who provided	system test		be affected.	
c) Water system	supply source		2. The facility has determined	
			that all residents have the	Đ
ming money adding a	KS information on coverage for r partial automatic sprinkler		potential to be affected.	Ī
Joioiti.			3. Items in rooms 407 and 411	
9.7.5, 9.7.7, 9.7.8,	and NFPA 25		were immediately moved.	i i
Based on al	s not met as evidenced by:		Sprinklers were all replaced on	1
Dased of Observa	tions and document review, maintain the sprinkler system.	Tille Propries	11.10.2016. All quarterly sprinkler reviews are attached.	
The findings include		1000	Children of Children Street Co.	
4.70		2	4. The Maintenance Director, or	
1. Observation on 1	1/7/16 at 9:15 AM, revealed		designee, will schedule on 2017	
Storage Willing 18 In	ches of a sprinkler in the		calendar. Noncompliance will	
ronowing locations.	- Printing III tile		be reviewed monthly at Quality Assurance meeting until	
a. Room 407	Y .		arisii	4 1
b. Room 411				
NFPA 101, 19.3.5.1	(2012 Edition), NFPA 101,	4	compliance has been met, or a minimum of three months.	1
Edition).	n), NFPA 13, 8.5.6.1 (2010		minimum of three months.	12.15.1
2. Observation on 11	/7/16 at 9:30 AM, revealed			
the sprinklers were	corroded in the following			0.44
uicas.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4 A 7 C W
a. 500 Hall Shower F	Room (2 of 3)			attention of the second
D. Kitchen walk in co	oler			
c. Kitchen Washing a	rea (2 of 2)		4 8 8 1 2	N S S
NFPA 101, 19.3.5.1 (	2012 Edition) NEDA 404		44	
9.1.1.1 (40 /Z EUIION	NEDA 12 26 4 /2010	- 0	* 3 - 2 - 1 - 1	and he see
Edition), NFPA 25, 5.	2.1.1.2 (2011 Edition)	ey il	10. 28 1 N	
	1 marrie 20 C // C27 2 (10 C)	1	444	A TOWNS
the sprinkler was don	1/7/16 at 9:35 AM, revealed naged outside the chemical	0 0	· 1, 88 UT . 1	
storage room door.	rayou outside the chemical		NTT AS	added to the

ක්ෂණය වාදන

	IT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LIPLE CONSTRUCTION	OMB NO.	
		VaV	A. BUILD	DING 01 - MAIN BUILDING 01		PLETED
NAME OF	PROVIDER OR SUPPLIER	445124	B. WING		4410	7/0040
GOLDE	N LIVINGCENTER - B	RANDYWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 555 E BLEDSOE	1 11/0	7/2016
(X4) ID PREFIX TAG	(COLUMN TOCH INTERIOR	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	GALLATIN, TN 37066  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED FOR THE APPROPRIED CONTRACTOR OF THE APPROPRI	UDE	(X5) COMPLET DATE
K 353	Edition), NFPA 25,	(2012 Edition), NFPA 101, on), NFPA 13, 26.1 (2010 5.2.1.1.2 (2011 Edition)	K 3	- M		
	documentation for t and 2nd quarter dur NFPA 101, 19.3.5.1	(2012 Edition), NFPA 101,				
< 7 <u>4</u> 1	identified and were a	the exit conference on	* * ***	Takanamana makasan Dari kupi matagan Man, dari matagan ng Pinesisa	The state of the s	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
SS=D i i c a a a s iii ();	Smoking Regulations Smoking regulations nelude not less than 1) Smoking shall be vard, or compartmer combustible gases, cand in any other haza area shall be posted EMOKING or shall be nternational symbol for 2) In health care occurohibited and signs a najor entrances, seconat prohibits smoking 3) Smoking by patien	shall be adopted and shall the following provisions: prohibited in any room, it where flammable liquids, or oxygen is used or stored ardous location, and such with signs that read NO is posted with the or no smoking, upancies where smoking is are prominently placed at all ondary signs with language is shall not be required.	K 741			
(4 W	Figure 5 (1) The requirement of the patient is un	rohibited. f 18.7.4(3) shall not apply nder direct supervision. nbustible material and safe	191		27 16 160 210	

CIALCIVIE	INT OF DEFICIENCIES	RE & MEDICAID SERVICES			FORM	D: 11/10/201 APPROVE D: 0938-039
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DA	TE SURVEY MPLETED
MARKE		445124	B. WING			
	F PROVIDER OR SUPPLIE		' T	STREET ADDRESS, CITY, STATE, ZIP CODE	11/	07/2016
GOLDI	EN LIVINGCENTER -	BRANDYWOOD		555 E BLEDSOE	y. <sup>(1)</sup>	The state of the s
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES	ID ID	GALLATIN, TN 37066		
TAG	REGULATORY OF	(CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
K 74	1 Continued From p	2222 6	5 T	the the gard		- 37
. I	design shall be pr smoking is permit	ovided in all areas where	K 74	1 K 741		4-
	(6) Metal containe devices into which	ers with self-closing cover		1. No residents were found to be affected.		
	permitted. 18.7.4, 19.7.4	le to all areas where smoking is		2. The facility has determined that all residents have the		
				potential to be affected.	12	
	This STANDARD	is not met as evidenced by:	3.	3. Now salf alastina		
	maintain the smok	ations, the facility failed to		3. New self-closing step-on can ordered on 11.08.2016.		
	The findings include	ded:	neter	4. The Maintenance Director, or	i ngg	egene e
100	Obone offer	Part + 14 P Part with the second of the seco		designee, will monitor on dally rounds. Noncompliance will be	right in	ни (тергонетску
	self-closing device	1/7/16 at 9:51 AM, revealed the installed on the metal		reviewed monthly at Quality		
	container used for	emptying ashtrays was not		Assurance meeting until	, i	
	working property, r	NFPA 101, 19.7.4 (2012		consistent substantial		
	Edition)	I I		compliance has been met, or a		
	The Maintenance F	Director and the Director of		minimum of three months.	li a	ا د می و
	, Nursing were prese	ent when the deficiencies were			j /	2.15.14
	identified and Mete	acknowledged by the	3	The state of the s		
	11/7/16.	g the exit conference on			18 v 3	
K 914	NFPA 101 Electrica Testing	l Systems - Maintenance and	K 914	Continue 1	1	
	Electrical Systems	Maintanana	1		-	18
	nuspital-grade rece	- Maintenance and Testing eptacles at patient bed deep sedation or general			į	
- Ed	installation, replace	nistered, are tested after initial	Ī			
1. 18	resulty is performed	at intervals defined by	= 1	OF PROJECT		
Sar S	listed as hospital-ara	mance data. Receptacles not				
	isolation monitors (L	ot exceeding 12 months. Line .IM), if installed, are tested at	3-	The state of the s	- 1	4

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/10/2016 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING 01 - MAIN BUILDING 01 COMPLETED 445124 B. WING NAME OF PROVIDER OR SUPPLIER 11/07/2016 STREET ADDRESS, CITY, STATE, ZIP CODE GOLDEN LIVINGCENTER - BRANDYWOOD 555 E BLEDSOE GALLATIN, TN 37066 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 914 Continued From page 7 K 914 intervals of less than or equal to 1 month by K 914 actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For 1. No residents were found to LIM circuits with automated self-testing, this be affected. manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 2. The facility has determined 6.3.3.3.2 after any repair or renovation to the that all residents have the electric distribution system. Records are potential to be affected. maintained of required tests and associated repairs or modifications, containing date, room or 3. Annual retention force test area tested, and results. completed on 11.18.2016. 6.3.4 (NFPA 99) This STANDARD is not met as evidenced by: 4. The Maintenance Director, or Based on document review, the facility failed to designee, will monitor annual maintain the electrical system. calendar. Noncompliance will be reviewed monthly at Quality The findings included: Assurance meeting until consistent Document review on 11/7/16 at 10:26 AM, substantial compliance has been met, or a revealed the facility failed to conduct the required minimum of three months. annual retention force test of the grounding blade 12.15.14 of each electrical receptacle located in the patient care areas. NFPA 99, 6.3.3.2.4 (2012 Edition) The Maintenance Director and the Director of Nursing were present when the deficiencies were identified and were acknowledged by the Administrator during the exit conference on 11/7/16. K 920 NFPA 101 Electrical Equipment - Power Cords K 920 SS=D and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment

IALEMENT OF DEFICIENCIES	CARE & MEDICAID SERVICES		FORM APPROVE OMB NO. 0938-039
ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
MANE OF SERVICE	445124	B. WING	
NAME OF PROVIDER OR SUF	PLIER	STREET ADDRESS, CITY, STATE, ZIP C	11/07/2016
GOLDEN LIVINGCENTE		555 E BLEDSOE GALLATIN, TN 37066	
PREFIX (PACH DEF)	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COP PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE, DEFICIENCY)	SHOULD BE COMPLETION
oy qualified per 10.2.3.6. Pow may not be us electronics), expressions that do PCREE meet strips for non-lectronic care rooms, postandards. All precautions. Esubstitute for file extension condimmediately up which it was ins 10.2.4. 10.2.3.6 (NFPA (NFPA 70), 590 This STANDAR Based on obse	em page 8 embles that have been assembled ersonnel and meet the conditions of the strips in the patient care vicinity and for non-PCREE (e.g., personal except in long-term care resident not use PCREE. Power strips for UL 1363A or UL 60601-1. Power PCREE in the patient care rooms nity) meet UL 1363. In non-patient ower strips meet other UL power strips are used with general extension cords are not used as a exed wiring of a structure. In such that is used temporarily are removed and the completion of the purpose for stalled and meets the conditions of the purpose for the p	be affected.  2. The facility has determed that all residents have potential to be affected.  3. Facility audit of all electrophysis and all unapproved in plugs immediately removed 11.09.2016.  4. The Maintenance Director designee, will monitor and calendar. Noncompliance be reviewed monthly at Quantum plugs immediately monthly at Quantum plugs immediately removed the plugs immediately removed in the plugs immediately removed	nined the  trical nulti- d on  or, or- nual will ality until ntial
The findings inc	sluded:	4.5	17.15.14
(surge protector approved UL lis a. Room 102 (B b. Room 200 (C c. Room 301 (B d. Room 406 (B e. Room 409 (B	ed) ed and Oxygen Concentrator) ed)		

	T OF DESIGNATION OF THE PROPERTY OF THE PROPER	E & MEDICAID SERVICES		FORM APPROVE OMB NO. 0938-039
AND PLAN	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0	(X3) DATE SURVEY
NAME OF	7001/10 70	445124	B WING	11/07/2016
GOLDEN	PROVIDER OR SUPPLIER	RANDYWOOD	STREET ADDRESS, CITY, S 555 E BLEDSOE GALLATIN, TN 37066	STATE, ZIP CODE
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	TAG CROSS-REFERENCE	LAN OF CORRECTION (X5)  TVE ACTION SHOULD BE "COMPLETION DATE FICIENCY)
K 920	Continued From parareas: a. Room 301 b. Room 407 c. Medical Records CMS S&C 14-46-Ls The Maintenance D	office SC Director and the Director of	K 920	
F 40 2400 Spe 50 4	Nursing were prese identified and were	ent when the deficiencies were acknowledged by the g the exit conference on	me es a quarrante.	
	The second reserve	ENPOYMENT BE LIVE I		THE PROPERTY OF THE PROPERTY O
	A PROPERTY OF THE PARTY OF THE			AND THE PROPERTY OF THE PARTY O
				AND THE PROPERTY OF THE PARTY O
				AN IN THE PROPERTY OF THE PARTY

Event ID:7EYP21

Facility ID: TN8301

If continuation sheet Page 10 of 10

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM CMS-2567(02-99) Previous Versions Obsolete

e oja